

# Salon & Spa Professional Association Instructor Licensure Course Application

Complete and mail to SSPA, 6950 France Avenue South, Suite 18, Edina, MN 55435  
952.925.9731 • info@sspatoday.com  
Fax to 952.925.4245

## 1. PERSONAL PROFILE INFORMATION (PRINT LEGIBLY TO ENSURE ACCURACY)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_

Email \_\_\_\_\_

### License Type:

Cosmetologist     Esthetician     Nail Technician    **Operator or Manager (circle one)**

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Original Licensure Date: MM/YYYY \_\_\_\_\_

*I attest that I can document at least 2,700 hours of licensed practice as a cosmetologist, nail technician or esthetician within the three years prior to application. \_\_\_\_\_ initials*

## 2. PAYMENT INFORMATION (payment must accompany application)

\_\_\_\_\_ COURSE FEE \$835

\_\_\_\_\_ Check - Payable to SSPA

\_\_\_\_\_ Charge my credit card     Visa     Master Card     American Express     Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ V-Code(required) \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

Cardholder Billing City/State/Zip \_\_\_\_\_

Cardholder Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

MN Instructor Licensure Course